

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-679)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.		
1							61	
2							62	
3							63	
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39							99	
40							100	
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47								
48								
49								
50								
TOTAL NO.	3						TOTAL NO.	
TOTAL DEF.	29						TOTAL DEF.	